ંઢ

PTO/SB/06 (08-03)

Approved for use through 7/31/2006, OMB 0551-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD								Application or Pocket Number		
			Substitute	for Form PTO	-875				10/619.0	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	NTITY	OR	OTHER SMALL E	
FOR NUMBER			R FILED NUMBER		REXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(2))							s	OR		<u></u>
TOTA	R 1.16(c))		minus 20 =	•		x \$=	<u> </u>	OR	× s	
INDE	ENDENT CLAIM	s	minus 3 =	•		x s=		OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+5=		OR	+ 5=		
		olumn 1 is less that		r "O" in column 2	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										
(Column 1) (Calumn 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	4 5 05	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
	Total	AMENDMENT	Minus '	PAID FOR	-	× , 25 .		OR	x 5 <u>50</u> =	
	(37 CFR 1.15(c)) Independent	- 	Minus	- 1	=	x s 100.		OR	x 5 <u>200</u> 0	
IÀ E	(37 CFR 1.16(b))	<u> </u>	C OCCUPATION	7.C. AU (37.CF	R 1.18(d))	+s 180=		OR	+.360	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					TOTAL ADO'L FEE	†	OR	TOTAL ADD'L FEE		
	ula.		•			700 (1 2 2		_		
AMENDMENT B	10 14 05	(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENDMENT	Minus	" 20	= /	x , 25 L		OR	x 5 <u>50</u> .	
	(37 CFR 1.15(t)) Independent O7 CFR 1,15(b))	1. 4	Minus	4	=/	x , 100 .		OR	x \$ 20Q	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))					+, 180.		OR	+,360	
FIRST PRESENTATION OF MULTIPLE DEPENDENT COST						TOTAL ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			_		
AMENDMENT C		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENDMENT	Minus	**	-	x s		OR	x s=	ļ
	(37 CFR 1.18(c)) Independent O7 CFR 1.16(c))	 	Minus	100	2	x s =		OR	x 5=	1
	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					+5 :		OR	+ 5=	
FIRST PRESENTATION OF INCHINE SECURIOR						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection is estimated to take 12 minutes to complete, USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete the complete this form end/or suggestions for retucing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form end/or suggestions for retucing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form end/or suggestions for retucing the complete this form end/or suggestion f